



**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE – DIVISION OF INVESTIGATIONS  
P.O. Box 95164, Lincoln, Nebraska 68509-5164  
402-471-0175**

**REPORTING BY INSURERS**

**PROFESSIONAL I AM REPORTING**

Name:	First:	Middle/MI	Last:	Maiden:	Date of Birth:
Work Address:	Street:				
	City:		State:	Zip:	
Home Address	Street:				
	City:		State:	Zip:	
Telephone	Home:		Work		

**LIST THE FIELD AND NUMBER FOR EACH NEBRASKA LICENSE, CERTIFICATE OR REGISTRATION HELD**

License Field	License Number

<b>Reporting Party</b>	
Name:	
Title:	
Organization:	
Address:	
Telephone No.	FAX No.
E-mail Address:	
Relationship to Health Care Professional:	

☐ 1. We have made a payment resulting from a professional liability claim.

☐ 2. We have taken an adverse action that affects the coverage provided by the insurer due to alleged:

- ☐ Incompetence
- ☐ Negligence
- ☐ Unethical
- ☐ Unprofessional conduct
- ☐ Physical, mental or chemical impairment

☐ Denial of coverage

☐ Refusal to renew coverage

☐ Coverage terminated or cancelled

☐ Coverage limited, reduced or modified

☐ Premium or rate increase

☐ Other

☐ Person is subject to National Practitioner Data Bank requirements and Data Bank Supplement form completed.

☐ Person not subject to National Practitioner Data Bank and next page completed.

- |                          |                |
|--------------------------|----------------|
| <b>Patient or Client</b> |                |
| Name:                    | Date of Birth: |
| Address:                 |                |

Name:
Address:

Describe in detail the acts, omissions or conduct being reported

**MALPRACTICE PAYMENT**

Name of patient or client:	
Address:	
Name of court:	
Address:	
Date of judgement, settlement or award:	
Date of payment:	
Amount of payment:	
Description of the facts surrounding the reason for the payment for the act or omission:	
Date of occurrence:	
Where did it occur?	
How did the act or omission occur?	
The nature of any injury, illness, damage or other loss upon which the claim was based:	
Persons present at time of act or omission or with first hand knowledge:	
Name	Title
Address	Telephone
Name	Title
Address	Telephone
Name	Title
Address	Telephone